

OCT 03 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0681-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/03/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481).	
FEES TRANSMITTAL For FY 2005	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(S) 50.00

Complete If Known

Application Number	10/735461-Conf. #3119
Filing Date	December 11, 2003
First Named Inventor	Michael P. CZECH
Examiner Name	John B. Ashen
Art Unit	1635
Attorney Docket No.	UMY-055

METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
46	45	1	50.00	50.00
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
4	0	0	0.00	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. (Attorney/Agent)	46,931	Telephone	(617) 227-7400
Signature				Date	October 3, 2005
Name (Print/Type)	Debra J. MilasIncic				RECEIVED OCT 04 2005 O/PE/IAP

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DATE: October 3, 2005

PTO IDENTIFIER: Application Number 10/735461-Conf. #3119
Patent Number

Inventor: Michael P. CZECH et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP

Debra J. Milasincic

PHONE: (617) 227-7400

Attorney Dkt. #: UMY-055

PAGES (Including Cover Sheet): 13CONTENTS:

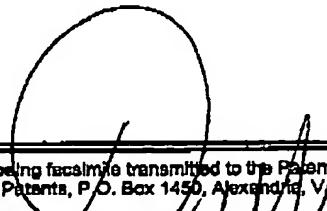
Amendment Transmittal (1 page)
Fee Transmittal (1 page – in duplicate)
First Preliminary Amendment (8 pages)
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Telephone: (617) 227-7400 Facsimile: (617) 742-4214

OCT 03 2005

AMENDMENT TRANSMITTAL LETTER				Docket No. UMY-055	
Application No. 10/735461-Conf. #3119	Filing Date December 11, 2003	Examiner John B. Ashen	Art Unit 1635		
Applicant(s): Michael P. CZECH <i>et al.</i>					
Invention: METHOD OF INTRODUCING siRNA INTO ADIPOCYTES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	46	- 5 =	1	x 50.00	50.00
Independent Claims	4	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: <input type="text" value="50.00"/>					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <input type="text" value="12-0080"/> in the amount of \$ <input type="text" value="50.00"/> A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ <input type="text"/> to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <input type="text" value="12-0080"/> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: <input type="text" value="October 3, 2005"/>					
Debra J. Milasincic Attorney Reg. No.: 46,931					
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
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PTD/SB/07 (09-04)

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Application No. (if known): 10/735461

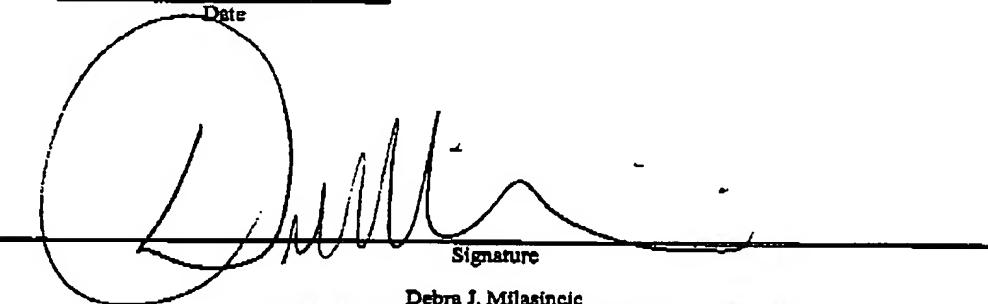
Attorney Docket No.: UMY-055

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on October 3, 2005

Date

A handwritten signature in black ink, appearing to read "Debra J. Milasincic", is written over a horizontal line. To the left of the signature is a large, roughly circular outline.

Debra J. Milasincic

Typed or printed name of person signing Certificate

46,931

Registration Number, if applicable

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Amendment Transmittal (1 page)
Fee Transmittal (1 page – in duplicate)
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